

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90257 049 ***150.00

027695

DOCUMENT # P93000051255

1. Entity Name

ATLANTIC RADIATOR, INC.

Principal Place of Business

4286 NE 7TH AVE
 FORT LAUDERDALE FL 33334
 US

Mailing Address

4286 NE 7TH AVE
 FORT LAUDERDALE FL 33334
 US

2. Principal Place of Business

4025 N.E. 6TH AVE
 Suite, Apt. #, etc.

3. Mailing Address

4025 N.E. 6TH AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT, LAUD FLORIDA

City & State

FT, LAUD FL 33

4. FEI Number

65-0431285

Applied For

Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FAUSETT, TONO A
 4286 NE 7TH AVE
 FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: TODD A FAUSETT
 Street Address (P.O. Box Number is Not Acceptable): 464 N.W. 41ST
 City: FT, LAUD FL 33309 FL 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

2-6-01
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: FAUSETT, TODD A
 STREET ADDRESS: 4286 NE 7TH AVE
 CITY-ST-ZIP: FORT LAUDERDALE FL 33334 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-01 954-561-2220

CR2E034 (10/00)